

215040921
62945

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-093128	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/06/2015		TIME OF ACCIDENT 1525	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1528	10/06/2015		
B	70	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. 10th/ N St.	ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
		10th/ N St.					
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H12423017		STATE (Of License)	NE	
V1/N	2	DRIVER	MELISSA A PATTERSON		PHONE	4022008313	
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/04/1980	
G	6	OWNER	MELISSA A PATTERSON		PHONE	4022008313	
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	YES <input checked="" type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/>	
V1/O	3	VEHICLE	2004	Cadillac	CTS	4 door Sedan	
V2/O	4	VEHICLE ID NO. (VIN)	1G6DM577040103577		INSURANCE COMPANY	State Farm	
I	1	DRIVER LICENSE NO.	H13493943		STATE (Of License)	NE	
V1/P	7	DRIVER	JORDAN R ACKERMAN		PHONE	4025702803	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/04/1995	
J	01	OWNER	JENNI R TEEL		PHONE	4026015636	
V1/Q	1	VEHICLE	2002	Ford	Explorer	Medium/large	
V2/Q	1	VEHICLE ID NO. (VIN)	1FMZU73E62ZB23503		INSURANCE COMPANY	Progressive	
K	02	TOWED TO	Capitol Towing		TOWED BY	Capitol Towing	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	1	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1	
1	MELISSA A PATTERSON	2736 N 3RD ST, Lincoln, NE 68521	10/04/1980		01	1	
LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.		
1	BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue				
VEH. #	2	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1	
2	JORDAN R ACKERMAN	4011 Spruce St., Lincoln, NE 68516	05/04/1995		01	1	
LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.		
2							
VEH. #		NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1	
LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.		

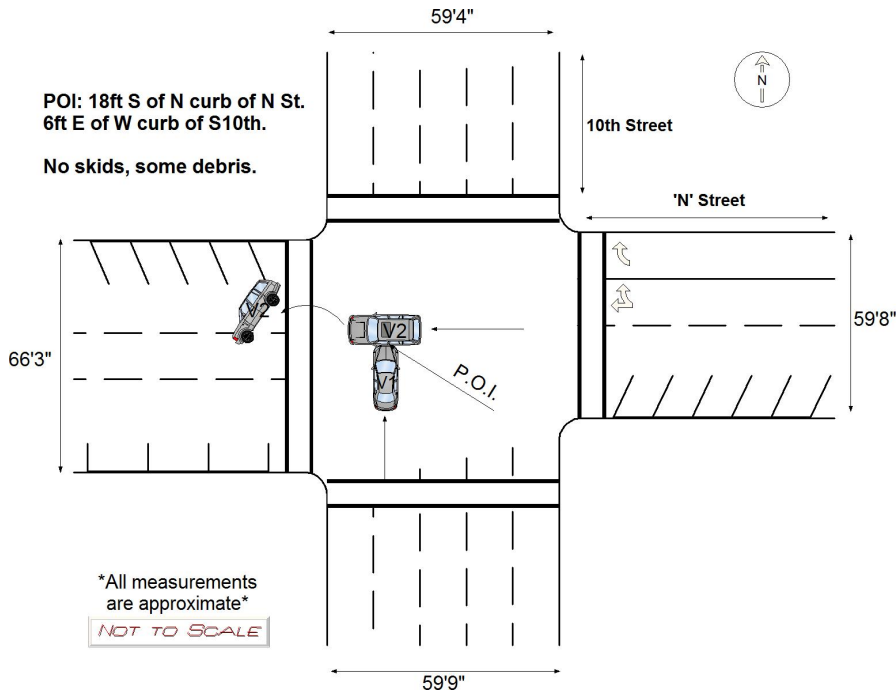
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-093128



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of V1 was involved in an accident in the intersection of 10th and N St. Paramedics told Ofcs that D1 was seizing while they were taking her out of V1. Driver of V2 said he was Westbound on N St when he proceeded through the intersection where V1 collided with him on his left side. D2 said that the light was green for him. Witness 1 said she was sitting at the bus stop when she saw the collision but was unsure whether lights were green or red. Witness 2 said she was behind V2 in the south lane. W2 said V2 was almost through the intersection, when V1 violated the traffic light heading Northbound on S10th and hit V2. D1 was transported to Bryan West and was unable to speak with Ofcs due to her being intubated. Medical advised her injuries are not life threatening. No citations were given at this time.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME: Harley Zimmerman 2736 Q St., Lincoln, NE 68503 ADDRESS: ADDRESS PHONE: 4028022911				
	NAME: Megan C Sabatka 1934 NW 55th St., Lincoln, NE 68528 ADDRESS: ADDRESS PHONE: 4023260549				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1	X				S10th				4		9		VEH 1 1 VEH 2 1		
2			X		N St.								ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian		
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED Y N X N X N		
2	01	07 Making U-turn			POINT OF IMPACT 01		POINT OF IMPACT 07		2 Deployed - side		2 Lap & shoulder belt used		BAC LEVEL		
		08 Entering traffic lane			MOST DAMAGED AREA 01		MOST DAMAGED AREA 07		3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL/DRUGS SUSPECTED Driver No. 1 5 Driver No. 2 1		
01	Essentially straight ahead	09 Leaving traffic lane			00 None		02 03 04		4 Not deployed		4 Lap belt only used		1 Neither alcohol nor drugs suspected		
02	Backing	10 Parked			09 Top & windows		01 05		5 Not applicable/ No airbag available		5 Child safety seat used		2 Yes - alcohol suspected		
03	Changing lanes	11 Slowing or stopped in traffic			10 Undercarriage		08 07 06		6 Unknown		6 Child booster seat used		3 Yes - drugs suspected		
04	Overtaking/ Passing	12 Other			11 Total (all areas)				VEHICLE 2		7 DOT approved helmet used		4 Yes - alcohol & drugs suspected		
05	Turning right	13 Unknown			12 Other				VEHICLE 2		8 Costume helmet used		5 Unknown		
OFFICER NO. 1697				TROOP/TEAM/BEAT 7				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Justin Stone				INVESTIGATOR SIGNATURE Approved by Officer Justin Stone				DATE OF REPORT 10/06/2015							